optic neuritis too he regards as vascular in origin, the lesions being a retrobulbar neuritis having its origin in a spread of infection from the uvea along the vessels. (The presence of central scotoma in case of cyclitis is clinical evidence in the same direction.) In conclusion he reports in detail the histological appearances of an eye removed for fear of sympathetic inflammation 13 days after injury. Tubercle bacilli were scantily present in the blood but freely in the eye. No infective changes were seen in the eye; only the choroid showed lesions and there was vascular involvement of the type that Fuchs described as the precursor of sympathetic ophthalmitis. Meller holds that the patient had bacteraemia at the time of the injury and the eye was going on to sympathetic ophthalmitis as a consequence. The fact that sympathetic ophthalmitis is bilateral is in keeping with other tuberculous manifestations; thus 60-80 per cent. of tuberculous kidney affections are ultimately bilateral; bilateral manifestations are also seen in the lungs and bones. In sympathetic ophthalmitis injury only determines ocular tuberculous inflammation from a pre-existing bacteraemia. For the present, tests for bacteraemia cannot be used as a prophylactic measure owing to the time they take and also because a negative test does not preclude the subsequent development of bacteraemia. The favourable results obtained by A. O. (a Japanese tuberculin preparation) in sympathetic ophthalmitis are mentioned.

Arnold Sorsby.

BOOK NOTICES


The author stresses the importance of the treatment of squint from the moment the deviation is noticed, irrespective of the age of the patient. She maintains that orthoptic training will often cure squint without operative treatment. The necessity of stereoscopic fusion training after operation is emphasized.

There are seven chapters concerned respectively with binocular vision; binocular balance; suspension of vision; amblyopia; the refractor and the dynamic retinoscope; dynamic retinoscopy in cases of squint and orthoptic training. This last chapter is devoted to a lengthy account of the instruments used in orthoptic training and 11 of these are described in detail. Examples of 13 variations
in stereograms are given, but the technique of orthoptic training is dealt with very briefly, particularly so in cases of squint where the description is limited to less than one page.

The subject of this book is a difficult one to describe lucidly. The coinage of new technical words and phrases, the attempts to explain these and reiteration have hampered and embarrassed the author's argument and style and rendered the work difficult to read.

The complete absence of notes or statistics concerning the results of treatment and other interesting clinical observations that might have been recorded, is disappointing.


The Transactions of the American Ophthalmological Society for 1932 form a volume of 551 pages and contain the papers read at the 68th Annual Meeting at New London, Connecticut, last year. We hope to notice some of the contributions in future numbers—many of them are of much interest. There is a sympathetic memoir of the late George Derby, with portrait. We note that the President for the ensuing year is Dr. Holloway, with Dr. Gordon Byers, of Montreal, as Vice-President.

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OBITUARY

JOHN HERBERT FISHER, M.B., B.S.Lond., F.R.C.S.

The death, on April 4, 1933, of J. H. Fisher has terminated a career of much distinction; has deprived Ophthalmology of an accomplished exponent, and London ophthalmologists of a colleague whom they held in high esteem.

The son of Ben James Fisher, M.I.C.E., he was born at Hillingdon, Middlesex, in 1867, but the family removing shortly to Devonshire, his early education was at Exeter School, where he was a scholar and exhibtioner. Entering the Medical School of St. Thomas's Hospital when 19 years of age, his record as a student was one of quite unusual merit. Within the next four years he won three scholarships, and on two occasions obtained the first college prize as the head of his year. At the end of his school curriculum he was awarded the Treasurer's Gold Medal, the blue ribbon of the Medical School. Examinations seemed to have no terrors for him. But not all Fisher's time was devoted